

CITY OF WARWICK UTILITY BILLING

Closing Request form for Water and Sewer

This form supercedes any other previous forms. (Effective 7/2006)

Property Location: _____ Plat/Lot/Unit _____
Seller's Name: _____
Buyer's Name _____
Buyer's Mailing Address _____
Date of Request: _____ Attorney/Realtor _____
Date of Closing: _____ Phone Number: _____
Current Meter Reading: _____ Fax Number: _____

Previous Meter Reading: _____ Account No. _____

Total Cubic Feet: _____

	<u>Water Usage</u>	<u>Sewer Usage</u>
Usage Charge:	_____	_____
Service Charge:	_____	_____
Amount Unbilled:	_____	_____
Past Due Balance:	_____	_____
Total Amount Due:	_____	_____

Sewer Assessment Account No. _____

Due at Closing _____ from seller.

Annual Payment _____

Please pro-rate on the annual payment for calendar year and move a credit to seller / buyer.

The balance on the sewer assessment is transferable to the buyer.

INSTRUCTIONS

THIS REQUEST MUST BE SUBMITTED FIVE (5) DAYS PRIOR TO CLOSING.

Fill out top portion only. Fax to (401) 732-0616. For questions, please call the Water Division at 738-2000 Ext. 6607, or the Sewer Authority at 468-4712 or 468-4731.

Separate checks for usage and assessment. Please include account number on check, payable to Warwick Tax Collector. Mail payments to: PO Box 2000, Warwick, RI 02887